



Form INIRP-S
Revised 11/99
State Form 48284

Indiana Department of Revenue
International Registration Plan
DECLARATION OF SIGNATURE
SCHEDULE S

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|-----------------|----------------------------------|-----------|
| Account Name: | IRP Account Number/Fleet Number: | |
| Street Address: | Indiana Telephone Number: | |
| City: | State: | Zip Code: |

We cannot process your 20 ____ IRP transactions because you failed to sign one or more of your returns. Sign the declaration below if you want to authorize the processing of your returns, or check the Return to Sender box if you do not want us to process your application. select one or the other, but be cautious not to select both.

Taxpayer Declaration

Under penalties of perjury, I declare that I have reviewed the information contained on my Indiana International Registration Plan application, including all schedules and other attachments, and to the best of my knowledge and belief it is true and complete. I also attest that I have provided proof of financial responsibility prior to affixing my signature below. I understand that my signature below allows the Indiana Department of Revenue to accept and process my IRP application in the same manner as if it had been signed upon submission.

Signature of Owner or Responsible Officer

Title

Date

Taxpayer Declaration



Return the original documents to sender. I understand that by checking this box my IRP requests will not be processed until I sign and resubmit the original document(s). I further understand that I may not have IRP apportioned plates and other credentials as anticipated.

Signature of Owner or Responsible Officer

Title

Date

Mail to:

Indiana Department of Revenue
Motor Carrier Services
5252 Decatur Blvd., Suite R
Indianapolis, IN 46241-9524